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European Commission Public Consultation – Rare Diseases: Europe's Challenges

General Comments on Consultation Paper

Roche welcomes the initiative of the European Commission to conduct a public consultation on rare diseases, especially the combined focus in the consultation paper on research, development and market access for OMPs. Patients with rare diseases deserve the same care and the same safety, efficacy and quality of products as patients with more common diseases.

Roche's key messages are as follows:

- An orphan drug is a product for which no, or no satisfactory, alternative exists in the EU, or one that is of proven significant benefit to patients above and beyond what already exists on the market for a specific rare disease.
- The challenges facing the research, development of products for treating rare diseases are a direct result of the rarity of the disease. The rarity of the condition makes every stage of the process more challenging – from clinical development, through authorization, up to and including reimbursement decisions.
- More awareness about the impact of these rare diseases on national healthcare systems is needed.
- The way to undertake more research is to build partnerships with other stakeholders.
- There is a need to collect data about rare disease initiatives and orphan drugs in Europe, in order in order to share data on outcomes and best practices in diagnosis, treatment and care.
- The main incentive of market exclusivity is undermined when it gets eroded by delays in access to market.

The components of a sustainable health care system would include educational programs to ensure a high level of awareness among patients and health care providers, expert centers where patients can be evaluated by knowledgeable care givers with access to appropriate testing, both diagnostic and for ongoing evaluation, and ultimately access to the best therapies.

Calls in other submissions for further consideration of the cost of developing and maintaining products for very rare diseases, and of a solution being found to the problem of language barriers in Europe should be supported.

Below you will find a number of specific comments relating to each of the questions posed in your Communication:

Question 1: Is the current EU definition of a rare disease satisfactory?

A more complete understanding of rare diseases would be valuable. The current EU definition of rare diseases – less than 5 per 10,000 persons - has been in place for a number of years. With increasing availability of treatment for rare disorders, today's definition remains appropriate as a reflection of new cases diagnosed per year rather than prevalence - which can vary according to the availability of effective treatment. It is important that any harmonization efforts ensure that the definition is either equal to, or broader than, the current EU definition. A unified global definition would be useful to provide a similar basis for research and development efforts. If that cannot be achieved the current definition should be upheld.

Question 2: Do you agree that there is a pressing need to improve coding and classification in this area?
There is a significant need for better classification and coding of rare diseases and for harmony among the member states in the identification of people with rare diseases. A better understanding of the cause and natural history of these diseases will benefit those currently affected and at-risk individuals. The existing International Classification of Diseases should be revised to ensure that rare diseases are adequately coded and traceable in health information systems. Harmonization of the definition of rare diseases would assist in this regard. There is much to be gained in close collaboration between the EU, other regulators and the World Health Organization (WHO) in improving the classification and coding as many of these diseases are so rare that collaboration needs to occur at a global level.
There is also a need for availability and standardization of assays/tests with appropriate quality standards.

Question 3: Can a European inventory of rare diseases help your national/regional system to better deal with RD?
A European inventory of rare diseases will help improve both the understanding of the area and the diagnosis of affected individuals. It would also help considerably identifying rare diseases and/or understanding what the situation is with regards to existing treatments and/or providing accurate epidemiological data. A useful inventory implies the use of standards for codes and classification and a designated curator to ensure data quality.

Orphanet has already established a searchable database of clinical symptoms and provides a valuable resource. Funding for Orphanet should be confirmed with additional resources provided to allow the dictionary of rare diseases to be translated into all EU languages and provided in print version to make it accessible across all member states. Consideration should be given to Orphanet's possible role in developing and hosting an inventory.

Question 4: Should the European Reference Networks privilege the transfer of knowledge? The mobility of patients? Both? How?
There is a need to improve the prevention, diagnosis and care of those who suffer from a rare disease. We have already commented on the value of Orphanet and the need for continued financial support for the network. The focus should be on knowledge transfer at this time. While patient mobility may be necessary to allow a patient to consult an expert in the relevant disease and to gain support from other affected individuals individual members states should provide appropriate mechanisms for the optimal treatment and care of people with rare diseases.

Question 5: Should on-line and electronic tools be implemented in this area?
Modern technology should be used to support activities in rare diseases such as reference networks, databases, and information. However, the issue of patient confidentiality must remain high on the agenda as data is exchanged about what is often a vulnerable group of people and sensitive personal information. There might be considerable scope for public/private partnerships in the development of electronic solutions to some of the issues faced. High quality information should be available in particular to patients, regardless of the source of information.

Question 6: What can be done to further improve access to quality testing for RD?
There is a well established EU-wide quality framework for clinical pathology testing for rare diseases and cooperation between centres of excellence, but this is currently on a voluntary basis. The same high level of quality standards should be applied to rare diseases as applies in any other medical setting. Greater cooperation between centres through programmes such as quality assurance should help to avoid unnecessary duplication of effort in the development, validation and application of diagnostic tests for rare diseases.

Question 7: Do you see a major need in having an EU level assessment of potential population screening for RD?
Any population screening programme would be implemented at a national level and the principle of subsidiarity would apply. Scarcity of the individual diseases and the limited resources available need to be considered during discussions of potential EU level population screening. We support the call that the Wilson and Jungner framework for evaluating screening tests (World Health Organization 1968) be applied to population testing for rare diseases before any additional efforts are made.

Question 8: Do you envisage the solution to the orphan drugs accessibility problem on a national scale or on an EU scale?
Combined efforts at both the national and EU level are needed to ensure patients with rare diseases have equal access to treatment and prevention. Roche therefore welcomes the proposal for the Commission to present a regular report to the Council and the Parliament identifying bottlenecks (delays, marketing, access, reimbursement, prices etc.). This reporting should be based on a broad consultation with physicians, industry, patients and other relevant stakeholders. To ensure a balanced view the Working Group of Interested Parties at the COMP should support this process.

Given the small number of patients for rare diseases in individual member countries and the often high unmet medical need, centralization of the regulatory processes for the registration of orphan drugs is a successful way to make innovative products faster accessible to patients. The centralized approval is based on scientific evidence and a very well defined, precise process. Patient access however, while linked to scientific evidence, significantly depends on a diverse set of country specific factors.

The transparency directive should be applied in relation to access to orphan drugs and appropriate actions towards non-compliant member states.
In view of the variation in incidence/prevalence of some rare disease between countries, the feasibility of an EU-based central fund to support member states in the provision of access to innovative orphan treatments should be explored.

Question 9: Should the EU have an orphan regulation on medicinal devices and diagnostics?
The importance of accurate diagnosis for patients with rare diseases should be recognized and therefore orphan regulation on medical devices and diagnostics supported. The regulations in this area should be aligned with those on orphan drugs.

Question 10: What kind of specialized social and educational services for RD patients and their families should be recommended at EU level and at national level?
The Consultation Paper notes linking international (European) databases. It would also be good to note databases that may be outside of Europe – this could only serve to increase population sizes and ensure good studies for some of the rarest of rare diseases.

Social and educational services for people affected by rare diseases are important and resources should be provided to support such activities.
Given specificity of culture, language and life style, it may make more sense to have each Member State determine the services aimed at rare disease patients and care givers while a significant part of resources (budget & info) should be provided at a broader EC level.

Question 11: What model of governance and of funding scheme would be appropriate for registries, databases and biobanks?
Biobanks are essential for the development of innovative treatment approaches, and public/private partnerships are the appropriate way for them to be developed and governed. Informed consent and data privacy are central issues and must be given due regard in the development of biobanks. A

number of ethics guidelines for the use of human tissue have been developed and these should be adhered to. Roche believes the same approach is needed for registries and databases.

Questions 12: How do you see the role of partners (industry and charities) in an EU action on rare diseases? What model would be the most appropriate?
Industry and charities have a vital role to play in the development of an EU action on rare diseases. Both groups – with the EU and Member States - are united in seeking to ensure that patients have access to early diagnosis and effective treatment and this common interest is best served by working in partnership with public bodies.

Question 13: Do you agree with the idea of having action plans? If yes, should it be at national or regional level in your country?
Roche has seen value in action plans in other therapeutic areas and would wish to ensure that action plans or other strategic approaches should be developed with proper consultation of all stakeholders.

Question 14: Do you consider it necessary to establish a new European Agency on RD and to launch a feasibility study in 2009?
Roche does not see the need for a new European agency: we believe that the existing structures have the knowledge, experience and expertise to progress any actions agreed as a result of this consultation. However, potential value may lie in the development of a European Research Foundation for rare diseases.